

<b>AMENDMENT TRANSMITTAL LETTER</b>			Docket No. 1907-0227PUS1																																											
Application No. 10/543,005-Conf. #2443	Filing Date July 22, 2005	Examiner E. T. Abraham	Art Unit 2112																																											
Applicant(s): Shuichi WATANABE et al.																																														
Invention: ENCODING DEVICE AND METHOD, DECODING DEVICE AND METHOD, PROGRAM, AND RECORDING MEDIUM																																														
<b>MS Amendment</b> <b>Commissioner for Patents</b> <b>P.O. Box 1450</b> <b>Alexandria, VA 22313-1450</b> <p>The fee has been calculated and is transmitted as shown below.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th colspan="6" style="text-align: center; padding: 5px;">CLAIMS AS AMENDED</th> </tr> <tr> <th style="width: 15%;"></th> <th style="width: 10%;">Claims Remaining After Amendment</th> <th style="width: 10%;">Highest Number Previously Paid</th> <th style="width: 10%;">Number Extra Claims Present</th> <th style="width: 10%;">Rate</th> <th style="width: 15%;"></th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"><b>Total Claims</b></td> <td style="text-align: center; padding: 5px;">28</td> <td style="text-align: center; padding: 5px;">- 34 =</td> <td style="text-align: center; padding: 5px;">0</td> <td style="text-align: center; padding: 5px;">x 50.00</td> <td style="text-align: center; padding: 5px;">0.00</td> </tr> <tr> <td style="padding: 5px;"><b>Independent Claims</b></td> <td style="text-align: center; padding: 5px;">10</td> <td style="text-align: center; padding: 5px;">- 10 =</td> <td style="text-align: center; padding: 5px;">0</td> <td style="text-align: center; padding: 5px;">x 210.00</td> <td style="text-align: center; padding: 5px;">0.00</td> </tr> <tr> <td colspan="5" style="padding: 5px;">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="5" style="padding: 5px;">Other fee (please specify):</td> <td></td> </tr> <tr> <td colspan="5" style="padding: 5px;"><b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b></td> <td style="text-align: center; padding: 5px;">0.00</td> </tr> </tbody> </table> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> Large Entity         <input type="checkbox"/> Small Entity       </div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> No additional fee is required for this amendment.       </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____.          A duplicate copy of this sheet is enclosed.       </div> <div style="margin-top: 5px;"> <input type="checkbox"/> A check in the amount of \$ _____ is enclosed.       </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.       </div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed.       </div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> Credit any overpayment.       </div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.       </div> <div style="margin-top: 20px; text-align: right; padding-right: 50px;">         Dated: <u>June 18, 2008</u> </div> <div style="margin-top: 10px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">            Michael R. Cammarata            Attorney Reg. No.: 39,491         </div> <div style="width: 45%; text-align: right;">           BIRCH, STEWART, KOLASCH &amp; BIRCH, LLP            8110 Gatehouse Road            Suite 100 East            P.O. Box 747            Falls Church, Virginia 22040-0747            (703) 205-8000         </div> </div> </div>					CLAIMS AS AMENDED							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		<b>Total Claims</b>	28	- 34 =	0	x 50.00	0.00	<b>Independent Claims</b>	10	- 10 =	0	x 210.00	0.00	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						Other fee (please specify):						<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00
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